

9 List the supervisor(s) who will verify your experience for licensure as an LCSW. The supervisor(s) must be an LCSW, licensed psychologist, or psychiatrist.

The supervisor(s) listed must have supervised your post-M.S.W. experience in diagnosis, psychotherapy and assessment-based treatment plans for 36 months of full-time or the part-time equivalent in no more than 72 months.

If a supervisor is deceased, you should list a licensed colleague who will attest to your supervised experience and to the qualifications of the deceased supervisor.

| Assigned Number | Name of Supervisor and Address of Experience Setting | Dates of Experience | |
|-----------------|--|---------------------|----|
| | | From | To |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

10 Attestation

I declare and affirm that the statements made in the foregoing application, including accompanying statements are true, complete and correct. I understand that any false or misleading information in, or in connection with my application may be cause for denial of qualification and may lead to a filing of charges of professional misconduct.

 Applicant's Signature _____ / _____ / _____
 mo. day yr.

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Social Work Unit, 89 Washington Avenue, Albany, NY 12234-1000.